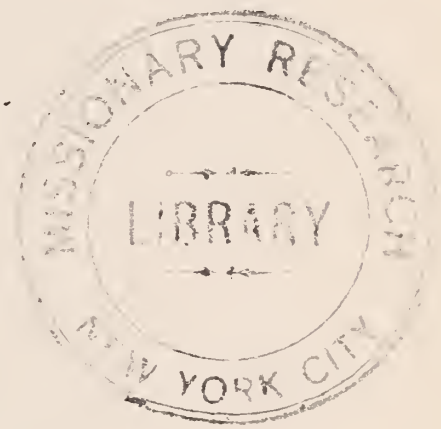
An Announcement

OF THE FINDINGS AND RECOMMENDATIONS
OF A THREE YEAR NATIONWIDE STUDY OF
CHILD HEALTH SERVICES



THE AMERICAN ACADEMY OF PEDIATRICS
HEADQUARTERS: 636 *Church Street, Evanston, Ill.*

Addresses
at a dinner meeting, Grand Ballroom,
Roosevelt Hotel, New York City, April 2, 1944

PRESIDING

JOSEPH S. WALL, M.D., *Past President*
American Academy of Pediatrics

"A MILESTONE IN MEDICINE"

WARREN R. SISSON, M.D., *President*
American Academy of Pediatrics

"MEDICINE'S RESPONSIBILITY FOR THE COMING GENERATION"

THOMAS PARRAN, M.D., *Dean*
Graduate School of Public Health
University of Pittsburgh

"GREETINGS AND OBSERVATIONS"

R. L. SENSENICH, M.D., *President*
American Medical Association

"THE LAYMAN'S STAKE IN PLANNING FOR BETTER HEALTH"

WINTHROP ROCKEFELLER, *Chairman*
The Board of Trustees
New York University-Bellevue Medical Center

The American Academy of Pediatrics

PRESIDENT, Warren R. Sisson, M.D., *Boston, Mass.*
VICE-PRESIDENT, Edward B. Shaw, M.D., *San Francisco, Calif.*
SECRETARY-TREASURER, Clifford G. Grulee, M.D., *Evanston, Ill.*

Appreciation

With the completion of the nationwide study and the issuance of the published findings in its book "Child Health Services and Pediatric Education" the Academy extends grateful appreciation to those whose support made this unprecedented undertaking possible.

Contributors to the Study of Child Health Services at the National Level, 1946–1948

National Institute of Health, U. S. Public Health Service
National Foundation for Infantile Paralysis
Mead Johnson & Co.
New York State Health Department
Carnation Co.
M & R Dietetic Laboratories, Inc.
Pet Milk Co.
American Academy of Pediatrics
Illinois State Health Department
Borden Co.
Field Foundation, Inc.
Lederle Laboratories Division, American Cyanamid Co.
National Dairy Products Corp.
Oregon State Health Department
Mississippi State Health Department
Independent Aid, Inc.
Cutter Laboratories
Mennen Co.
New England Pediatric Society

Contributors to the Program for the Improvement of Child Health
July 1, 1948–*June* 30, 1949

National Foundation for Infantile Paralysis
Carnation Co.
Pet Milk Co.
New York Fund for Children
American Academy of Pediatrics
Charles H. Hood Dairy Foundation
Grant Foundation, Inc.
M & R Dietetic Laboratories, Inc.
Mead Johnson & Co.
Field Foundation
Academy Fellows—Individual Contributions
Winthrop-Stearns, Inc.
Burroughs Wellcome & Co. (U.S.A.), Inc.
C. V. Mosby Co.
Wm. S. Merrell Co.

Appreciation is also extended to the county chapters of the National Foundation for Infantile Paralysis, the State Health Departments and the individuals, organizations and commercial firms, who supported the state studies.

Grateful acknowledgment is made to the Commonwealth Fund, 41 East 57 Street, New York 22, New York, whose generosity in undertaking the publication of the national report "Child Health Services and Pediatric Education" has enabled it to be made available at cost at the price of $3.50.

The Academy wishes to express gratitude to the host of individual physicians, health workers, medical school and hospital administrators, as well as to the American Medical Association and to the State and County Medical Societies throughout the country, without whose active cooperation and response the nationwide and the individual state studies could not have been carried through.

Meeting arrangements and publication of the addresses were directed by:

THE COMMITTEE ON PUBLICITY AND PUBLIC RELATIONS

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Philadelphia, Pa.

Care of Children

America's medical care of its 36,000,000 *children is among the best in the world. Yet according to the two-volume report of the American Academy of Pediatrics which has just been published by the Commonwealth Fund, medical care for children in this country varies greatly from community to community. In some counties where modern medical services are scarce, five times as many infants die as in those which have adequate medical care.*

As the report points out, the greatest need at the present time is for more adequate training of doctors in the care of children. Three-quarters of the private medical care of this kind is in the hands of the general practitioner, who too frequently gets his first real experience in this field after he enters practice.

To meet the need of more training for those doctors who care for children, and for a better distribution of medical care, the Academy has proposed a twofold program. It suggests an expanded program of pediatric education for both medical students and practitioners and improving services in isolated areas by a continuing program of rotation of resident physicians from large medical teaching centers through outlying community hospitals.

Recognizing that the answer to better child health lies not solely in more hospitals and more money to pay doctor bills, the report points out that medical services and facilities are only as good as the doctors who provide the professional care and staff the hospitals and clinics. The Academy of Pediatrics and the Commonwealth Fund are to be commended for this contribution to the health and wellbeing of our children.

AN EDITORIAL IN
THE NEW YORK TIMES, APRIL 10, 1949

INTRODUCTORY REMARKS

by

JOSEPH S. WALL, M.D.

Mr. President, members of the Academy and guests:

It is our pleasant duty to welcome you on behalf of the American Academy of Pediatrics and its Committee on the Study of Child Health Services to this meeting tonight to celebrate the completion of its Study and the release of the findings of a survey which is rather unparalleled in the history of medicine;—a study by physicians of themselves and of the type of services rendered by them to patients of a limited age group coming within their medical care.

A great oak has grown from a tiny acorn planted in the minds of the members of the Academy by a group of forward looking pediatricians in the Fall of 1944, who realized the necessity of searching out the ways and means for the improvement of child health, by a meticulous examination of the needs of our children, together with an estimate of the existing gaps in adequate medical care, with a view of rectifying such inadequacies, largely based upon the yardstick of what has already been accomplished by medicine in the betterment of child health, which, after all, is the experience upon which future programs depend.

The flowering of this great tree of knowledge has been made possible by the devoted services of hundreds of physicians, dentists, and of scores of allied workers in the cause of childhood.

The Study would have been impossible without the wholehearted assistance of two Federal departments, the United States Public Health Service and the Children's Bureau, both of which contributed freely and enthusiastically material financial support together with the loan of experienced members of their staffs whose technical skills were indispensable, for which assistance we express our grateful appreciation to former Surgeon General Doctor Thomas Parran and to Doctor Martha M. Eliot, whose sympathy in our work was early extended and abiding in nature.

It is worthy of mention that the members of the allied groups concerned in the Study, private physicians, government officials together with aids from lay and State organizations worked together in utmost harmony, under the able guidance of the Director of the Study, Doctor John P. Hubbard, consummating an accord which might well be duplicated in future consideration of health questions of even broader scope affecting the welfare of our people.

The early pioneers of the Study had little idea of the ultimate extent of the project they had initiated. During the organization period of the Committee it was thought that the sum of $8,000, first appropriated by the Academy, if it could be matched by a generous "angel", would be sufficient to finance the program for a considerable length of time, but subsequent events proved that this infant in embryo, after being successfully born, had grown into a million-dollar-baby! Time does not permit enumeration of those generous philanthropic foundations and industrial firms whose interest in child welfare led them to support the study and the continuation program. Our appreciation can more aptly be expressed by publishing the list in the near future.

The Founding Fathers of the Study, among whom were Doctors Henry Helmholz, Borden Veeder, Lee Hill, Warren Sisson and others, met together several times to construct a report which was later unanimously adopted by the Academy. These few progressive pediatric pioneers little thought that they were starting one of the first "Pyramid Clubs" whose pay-off night we are now celebrating!

Many of us have upon our breakfast tables an ingenious gadget which responds to the pressing of a button by popping out from time to time delicious morsels of golden toast. One of these silent butlers is called the "Toastmaster" and we would regard it as our present function to bring to you at intervals equally delicious morsels of what might be called "food for thought," which we are sure you will find delectable and palatable! We should also remember that the silent butler does not possess the power of speech.

DR. WALL'S INTRODUCTION OF DR. SISSON

There is an ancient adage which relates that "Some men are born great; others achieve greatness, and some have greatness thrust upon them."

Our first speaker fits into all three categories named. He was born with an endowment of cellular centers in his central nervous system indicative of great intellectual development and destined to result in a vision of clarity, a personality of gracious nature, a quality of leadership unsurpassed, and a capacity for hard work inherent in but few.

He achieved greatness by rising to high professional standing in the city of Boston, which is no small accomplishment midst the competition of able colleagues in a city renowned as the Hub of intellectual eminence which extends to the members of its medical profession, as well as to the lay associates of the "late George Apley."

Finally, he had greatness thrust upon him by being compelled to take over the Chairmanship of the Committee for the Study of Child Health Services and to assume the tremendous task inherent in that job we had wished upon him. We have been in a position to testify as to the energy and devotion he has brought to the accomplishment of this great work.

We shall have the pleasure of hearing now from the Chairman of the Study Committee, the President of the American Academy of Pediatrics—Doctor Warren R. Sisson.

A MILESTONE IN MEDICINE

by

WARREN R. SISSON, M.D.

This gathering of friends and members of the medical profession has been planned to commemorate the completion and recording of a study or investigation of health services for children in the United States. The purpose is not only to note the recording of data but to recharge our minds to act upon the information assembled.

This meeting is symbolic of the interest of all adults in the overall health of the child and the willingness of laymen and physicians to meet the challenge. It is not unique; it is typical of all ages—only the form of our desire to help improve child health changes. In the last century, Charles Dickens was the oracle as illustrated so effectively by the following story:*

> "Charles Dickens was thirty-five years old when he wrote one of his greatest stories, 'Dombey and Son.' The story first appeared as a serial in Blackwood's Magazine, and was followed with breathless interest by thousands of readers on both sides of the Atlantic, in fact perhaps with more interest on this side of the Atlantic than in England. It must have been in the year 1848 that a packet ship entered Boston Harbor, safely completing her regular scheduled voyage from Liverpool. Those winter and early spring voyages were always the dangerous ones; and so when this packet was sighted far out between Greater Brewster and George's Islands, the agent of the Company breathed a sigh of relief and walked down to the wharf to great her. But as she crept up the Channel, all the waiting crowd could see was that her ensign was flying at half-mast. That meant that someone had died on the voyage. The agent waited as patiently as he could while the ship was being warped into her berth, her lines passed ashore, and her gangway rigged. Then he hurried aboard and greeted the captain. 'Captain, who is dead? One of the passengers, or one of the crew?' 'Well,' replied the captain rather sheepishly, 'no one is exactly dead. But I have brought the latest installment of Blackwood's Magazine. Paul Dombey is dead.' "

The American Academy of Pediatrics, like many other organizations, recognized that there were too many Paul Dombeys in our midst and this study was undertaken to prevent the fate that befell Paul.

It is a little difficult to state accurately as it is in many movements, the origin of this study. We know that about five years ago a small group of pediatricians, assembled at Atlantic City on the occasion of the annual meeting of the American Pediatric Society, formulated a plan which later resulted in the acceptance of the Academy to be the responsible organization to carry out the idea and ideals of this small group to improve the child health services in our country. Men with the vision, the intelligence and idealism of Drs. Borden Veeder, Lee Forrest Hill, Henry Helmholz, and Allan Butler are among those to whom honor should be given. The final committee, called the Committee for the Study of Child Health Services, under the chairmanship of Dr. Helmholz, met in Chicago under the aegis of the American Academy of Pediatrics and formulated the object of the study in these terms:

> "To make available to all mothers and children in the U.S.A. all essential preventive, diagnostic and curative medical services of high quality, which used in cooperation with the other services for children, will make this country an ideal place for children to grow into responsible citizens."

It is of great interest to conjecture why a group of physicians primarily interested in the care of patients should have undertaken such a project as this study. One asks how they could find time with the responsibilities of their private practice and hospital duties. Why should they wish to attempt something for which they had had very limited experience? Why should they have attempted a problem which was very poorly charted, whose confines were not known? How could they undertake such a study with essentially no funds? Certainly we all accept the idea that this was a challenge, and a most provocative one, to ascertain the needs for better and more extensive medical service for children—service for all the Paul Dombeys. One can rationalize further and is compelled to recognize that the time had come when physicians were obliged to take into account that they must take the leadership or at least a partnership in the field of public health and, in this instance, in the broader aspects of child health in contrast to that seen in private practice. If the doctors did not do it, it was obvious that the people, who knew that the area between our medical knowledge and the actual service received was too wide, would take action.

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* Personal communication from Dr. Charles E. Park.

It was during the war that an emergency program for the care of infants and pregnant mothers was launched by the Children's Bureau. Under this program all wives of men in our armed services and their infants were cared for by our government. Physicians throughout the country cooperated and made this one of the great achievements of medical care in American history. This experience alerted physicians throughout the country to their responsibilities and to the opportunity to distribute better medical service to an even larger group. The thoughtful physician became cognizant of his position in terms of public health and realized that the successful consummation of better medical care in general and for children in particular depended upon the support of federal agencies who had techniques, personnel and funds and that a true partnership of private physicians and federal agencies was necessary.

As the early plan for the survey developed, it was seen immediately that the success of the undertaking depended upon the cooperation of the U. S. Public Health Service and the Children's Bureau. Although we had taken the initiative in this investigation to put our house in order, we were criticized by a group of the medical profession that we had "sold out" to the government; a few still are of this opinion. It is true that the federal agencies were not altogether unselfish in accepting our invitation to be partners. This was just the material and data that they had been waiting for and undoubtedly will be used to strengthen their program for better medical care. By the same token, it will be used by us in private groups if we can act as partners and accept our responsibility for leadership and service.

The study was conducted on both a national and a state level and attempted to evaluate all the health services which were rendered children by physicians in private practice, hospitals, and public or privately conducted health agencies. In addition to this general survey of services, all the dentists in the United States were interviewed by questionnaire to ascertain the exact amount of dental care rendered to children. A final and perhaps one of the most important phases of the study consisted of an intense evaluation of the teaching of medical students in the fields of pediatrics and related areas in the 70 approved medical schools then existing in the United States. Early in the study we had struggled to work out a method by which indices of quality of medical practice could be determined. This was found to be very difficult and hard to record statistically. It was soon realized that the quality of medical care was in a large measure dependent upon medical teaching.

It does not seem to me that this is the time or place to relate in any detail the results of the study. Exact documentation can be found in the two volumes of the report which has been published today by the Commonwealth Fund. If one were to summarize the findings, one could classify them all under unequal distribution of hospitals, public health facilities, dental care, and what is of greatest importance, unequal distribution of the physicians who give this care. These findings are not exactly new but the degree of the inequalities and the locations of the needs have been defined more accurately. The study has shown that children in or near large cities where the per capita income is high and medical centers are usually located received 50% more total care in terms of physicians' visits, hospital care and health services, than children in rural districts; about two thirds of the nation's 3,000 counties are in these isolated areas and here reside 13,000,000 of the 36,000,000 of the nation's children.

We have always known that physicians congregate where the population is crowded but the degree and extent of medical care coverage have too often been a matter of conjecture and have lacked a factual basis for an action program. Such figures as one pediatrician for 5,000 children in Massachusetts and one for 35,000 in Mississippi are of interest.

The study shows not only the degree and location of the maldistribution of medical care for children but also, what is more important, the unequal and inadequate distribution of medical education for those who care for children; that is, the physicians who take care of children are not receiving equal opportunity to be informed in regard to present-day practices. It is not necessary to state that all medical schools should have the same methods of teaching but we do believe that all medical schools should be able to teach students adequately in the care of children, on both the undergraduate and graduate levels, if all children are to benefit by the medical knowledge which is available. Let me quote from our national report concerning the condition of pediatric teaching in our medical schools.

> "The average total budget of all pediatric departments was approximately $44,000. At first glance this figure would appear to represent a reasonable sum for many departments. However, the much larger budgets of a few departments are responsible for bringing the average up to a figure far above the level of most. There are 9 schools with budgets of $100,000 or more. Actually the median value has more meaning since it reveals the fact that half the schools have a budget of less than $25,000. Furthermore, . . . 21 departments have budgets less than $10,000 and 11 less than $5,000 annually. One school had no regularly allotted funds.

"Lack of funds accounts for the absence of full-time staff members in many schools. The inability to pay part-time teachers results in stringent limitations of the time which this group can give. The shortage of teachers makes it impossible to fill properly the desired number of curricular hours and to divide the class into small groups for close supervision. The result is a tendency to didactic teaching where a single instructor can lecture to an entire class. A small budget means a small staff; a small staff means didactic teaching. Herein lies much of the explanation of the position of the less privileged group of schools.

"Funds mean research. Research requires trained workers. Trained workers also teach. The whole program is thus accelerated and improved. With adequate funds many smaller schools could, after enlarging their clinical facilities, materially increase their enrollment. This would be an economical and efficient method of augmenting the number of well-trained physicians."

Closely related to the inadequacy of pediatric department budgets is the fact that general practitioners by and large have had and are having restricted advantages of specific instruction in the newer techniques and understanding of child care, and yet it is the general practitioner who, the study shows, takes care of 75 per cent of all children in the United States. There are many general practitioners who are doing excellent medical work who have not had the advantages of an adequate medical education. They have learned through experience, trial and error, and many times under most difficult circumstances.

Therefore, if one were to distill from the entire three-year study of child health services the two most significant conclusions, these would be, in informal phrase, doing something about the medical training of all physicians—general practitioners as well as pediatricians—to give them the best possible preparation for child care; and, secondly, making it possible for children in isolated areas to receive the same opportunities for good care that are available near our large medical centers.

When the study was well started, it was immediately realized that a so-called survey would have very limited value unless some group could be invested with authoritiy to make recommendations and outline action to implement results. With this in mind, our former President, Dr. Lee Forrest Hill, organized the committee which is now called the Committee for the Improvement of Child Health. This committee, under the chairmanship of Dr. James L. Wilson of Ann Arbor, Michigan, is made up of pediatricians in private practice and in academic and administrative positions. Under the executive direction of Dr. John P. Hubbard, who directed the study, the committee has established offices in Philadelphia and is now already well along the road on the important assignment of translating the study into positive action. Also, to integrate the child health program with state and county health programs, both the Academy and the American Medical Association have each appointed three-man liaison committees for cooperative planning and effort.

Although this gathering concludes the activities of the Committee for the Study of Child Health Services, the Academy is committed through its new Committee for the Improvement of Child Health to make recommendations based on the report and to work out plans for their fulfillment. Perhaps the most oft asked question is, "What is the Academy going to do about it?" In answer to this challenge, the Academy through its newly formed Committee for the Improvement of Child Health under the directorship of Dr. Hubbard has first recommended that plans should be formulated which will bring necessary funds to the medical school in order to guarantee adequate teaching in all medical schools in the United States. The urgency for this action cannot be overemphasized.The Academy has fully recognized during its deliberations on this subject of financial aid to medical education that ideally any attempt to raise funds should be for all types of medical education. Although the figures of this study were among the first to show the needs in a branch of medicine, everyone knows that the need exists especially in the basic sciences and in all clinical departments. I am pleased to report that the American Medical Association and the American Academy of Pediatrics are giving this subject serious consideration and there will be definite implementation of their deliberations.

The second problem, namely the inadequate distribution of medical care for children, especially in the isolated and rural districts, is one which concerns all medical groups. The Academy has proposed through the Committee for the Improvement of Child Health to attempt to solve this problem by what is known as the decentralization of medical teaching. As has already been pointed out, the study has shown that there are big gaps in our medical care, in spite of the great advancements of the last fifty years. We propose to study carefully the various plans throughout the United States which have attempted to take medical teaching from the ivory towers to suburban hospitals, to general practitioners, to the children. I could refer to many such plans, such as the Bingham Associates' program in New

England, the Michigan program, the Louisiana program, and the one which is being developed by the New York University-Bellevue Medical Center.

Where such programs are in effect, a high quality of medicine is being brought directly to the most remote communities. By thus extending pediatric education and services to outlying areas, fresh knowledge is brought to the hard-pressed general practitioner, and secondly, the skills and up-to-date methods of the medical centers are brought to the children in the very areas where greatest deficiencies have been shown to exist. By creating opportunities for pediatric residents to serve portions of their training period in outlying hospitals which become affiliated with teaching centers, many advantages result simultaneously—more places are provided to train more residents and hence turn out more well-trained physicians; community hospitals benefit by the services of a resident whom otherwise they would be without; the resident profits from a period of very practical training; the local general practitioner is on the receiving end of a direct channel from the medical center; and the child, even in remote and isolated areas, receives better medical care and health supervision. Thus immediately we are brought closer to our goal of better health for every child.

To give practical application to this broad planning, the committee has worked out a demonstration program for decentralization of teaching and services. Stemming from a large university medical center, this program is being developed in three eastern states. Under this set-up small hospitals, through affiliation with the large pediatric teaching hospitals of the medical center, will be brought directly into close touch with metropolitan services and modern techniques.

Although we feel that the two recommendations based on the findings of this study should receive immediate attention, we are also fully aware of the fact that no program can be effective without the initiative and support at the state and community level. We have noted in our findings extreme variation in health services from state to state. If child health is to be brought up to a uniformly high level throughout the United States, state programs must be developed along with national programs. Thoroughgoing state programs backed not only by medical groups but by the governors of states and voluntary health organizations can be the only effective way to put better health and medical services into every community. Therefore, prominent in the activities arising from the Academy's state studies is the creation, under the aegis of its state chairmen, of state committees and councils for the improvement of child health or the broadened representation of present ones. Membership includes representatives from pediatric groups, state and local medical societies, health departments and other organizations in the states which are active in child health and welfare. The Academy's state chairmen are preparing state reports and detailed operating plans suited to the needs of the individual states. Their study findings have already been reported and published in Florida, Louisiana, Mississippi, Missouri, New York, North Carolina, Oregon, and South Dakota. Many others are in draft form.

This is the conclusion of our study, a project of the American Academy of Pediatrics with the cooperation of the U. S. Public Health Service and the Children's Bureau. It is realized that there are many gaps, much unfinished business. Words and figures cannot record the findings completely. It has increased the horizon of all who have participated in the study and given them an awareness in regard to needs of medical care throughout the United States. Many of us are now alerted to the fact that to distribute successfully our present medical knowledge, we must not only care for the individual but also protect the health of children in groups and in all parts of our country.

The study must be looked upon as a serious effort of the medical profession to put their house in order. It is truly one of the greatest inventories of our medical liabilities and assets. It has mapped with greater accuracy the degree of our needs. Although it is limited to one branch of medicine, it is fair to state that the results might be applicable to all of medicine.

The study can be a milestone in medicine, proving that physicians are anxious and willing to meet the challenge of medical practice in a changing world.

DR. WALL'S INTRODUCTION OF DR. PARRAN

It is with special pleasure and affection that I have the privilege of introducing our next speaker, for many years ago, it was my good fortune to bear the intimate relationship to him of teacher to student of medicine, a circumstance which we are prone to call attention to upon every occasion, inasmuch as one loves to bask in the reflected light of another's glory.

This able physician and devotee of public health has bequeathed to us three monuments which constitute a lasting tribute to his wisdom and vision of the needs of the human family in regard to health.

His first monument is encompassed within the volume of the National Report on the Study of Child Health Services, for he brought to the Academy early and often, encouragement, wide suggestion and abundance of material aid to assist in our work.

The second accomplishment in his interesting career has been the banishment of the cloud of ignorance and "taboo" forming "The Shadow on our Land" of social diseases. The breaking down of hush-hush barriers to the understanding of the extent of this problem was accomplished only by vigorous attack upon the fog of "untouchability" which had hitherto shackled the eradication of these social evils. He it was who taught the newspaper world that there was a word in the dictionary known as "syphilis" and when appearing in print, as it should, was to be spelled out boldly with a "y" and two "i's", the latter wide open as to its extent and evil consequences.

His third monument, builded partly of enduring brick and stone, is the upbuilding of the U. S. Public Health Service and especially of the National Institute of Health, now known by the plural designation "Institutes of Health," while serving as Surgeon-General.

In the beautiful rolling hills of Bethesda, a suburb of our capital, has arisen under his guidance a group of imposing structures housing within their walls men and women of keen minds, devoted to the interests of our peoples' health.

It is fortunate that our country will still continue to enjoy the fruits of his efforts in the realm of public health as Dean of the Graduate School of Public Health, University of Pittsburgh.

I feel sure that our speaker has never been introduced to an audience as a "trouble maker," for such an attribute is so utterly foreign to his nature; nor as an "angel," which is a bit closer to the truth, but as we are so often wont to turn to the Scriptures for statements of prophetic significance, we find there the following verses which seem apropos with but slight geographic alterations.

> *"Now there is at Jerusalem, by the sheep market, a pool, which is called in the Hebrew tongue Bethesda, having five porches. In these lay a great multitude of helpless folk, of blind, halt, withered, waiting for the moving of the water. For an angel went down at a certain season into the pool, and TROUBLED the water; whosoever then first after the troubling of the water stepped in, was made whole of whatsoever disease he had."*

We have the pleasure of presenting to you Doctor Thomas Parran.

MEDICINE'S RESPONSIBILITY FOR THE COMING GENERATION

by

THOMAS PARRAN, M.D.

It gives me great pleasure to be with you this evening. Since the American Academy of Pediatrics was organized in 1931, those of us who had both personal concern and professional responsibility for the health of the American people have recognized your group as perhaps the most far-seeing of any of the top-ranking specialist organizations in its concern for the national welfare. To paraphrase the slogan of a veterans' organization arising in World War II, you seemed to take the attitude that you were citizens first and physicians second. That spirit—whom every doctor, by primary definition, exists to serve—has made it easy to work with you and a pleasure to render you service.

Even before the organization of the Academy, the pediatricians of America had the courage to sponsor and cooperate with the Sheppard-Towner Act for federal aid to the states in the development of child health. I am sure that many of you remember with amusement how bitterly controversial was the reaction to this measure at the time. I regret to say the official attitude of the Public Health Service was then as reactionary as that of the medical politicians whose first concern was defense of the guild against possible loss of paying customers.

All that is far behind us. In due course it has been proven that state and local official cooperation with the child health movement increased rather than decreased the tendency of American families to turn to the skilled private practitioner for help in the bringing up of healthy children. The Sheppard-Towner Act, as such, has long been dead; but all of its worthwhile provisions are incorporated in the basic Social Security Act of 1935 which for 14 years has dispensed very much larger amounts in aid to the states through the Children's Bureau than ever was contemplated under Sheppard-Towner. To this was added the large war-time program of Emergency Maternity and Infant Care. All of these large-scale operations have been handled with only minor disagreement over details of method.

To the philosopher—and who can be happy in any specialty of medicine without a certain degree of philosophy—the memory of such recurrent situations lends a substantial degree of comfort amid the clash and clamor of current controversial issues. The truth of the matter seems to be that the pattern of American medical practice is set by the ultimate consumer theoref without much regard to what you or I or any other doctors think or say about it, but with direct relation to what we do, or fail to do. Contemporary patterns change slowly when the people are well served. Such patterns appear to change with startling swiftness when the people feel that thereby their own lives will be prolonged or their health improved.

For 18 years the primary preoccupation of your Academy has been with the provision of better health care for children and with its better distribution to all children regardless of where they live or what is the income of their parents. I doubt if there is anyone here tonight who has either the time or the energy to respond to many more demands for service than now are made upon you. In your case, the industrial aphorism "Good health is good business" would seem to be abundantly verified. Also, in your case, because you have kept abreast of the procession and have not been among those dragged captive and shrieking behind the chariot of social progress, you are in a far better position to shape your own future than those who have been less foresighted.

No other group of physicians has accepted more fully the concept of medicine as a social force among the many which shape our civilization today. No other group has recognized more clearly the sharp line of demarcation between the terms "social" and "socialized," or has been so active in directing its energies toward preventing disease and upbuilding the health of the oncoming generation. Other specialties of medicine have tended to concern themselves solely with the diagnosis and treatment of the individual patient after he becomes ill. You, on the contrary, have been grappling with the problems of the social anatomy, the social pathology and the social therapeutics of children's diseases.

I feel that it is as a direct result of your efforts, plus the enthusiastic support of certain lay groups who saw what you were doing and believed in it and you, that we now have a greatly decreased infant mortality, increased community services for child health and a better nourished and more robust generation of children than at any time in history.

I have deliberately belabored the points illuminating the background of the *status quo,* because you deserve great credit for the fact that you have not been complacent about progress up to now. The public has shared your satisfaction because it shares our common knowledge that even after two decades of devoted work on your part, not all of our medical knowledge has been used, fully, to conserve the health

of all of our nation's children. Shocking differences in infant mortality exist as between different geographic areas and between different income levels. There is a shocking maldistribution of medical skills, hospitals, child health clinics, nursing services. The areas badly served in this respect are those showing mortality rates comparable to the rates prevalent when pediatricians began their crusade in the 1920's.

In 1944, "an Academy Committee set forth four essential factors as the reasons why a large number of children do not receive preventive and curative care compatible with present standards of good pediatric practice:" They are:

"1. Parents are unable to pay for good service;

"2. There is an unwillingness to use, or lack of knowledge of available facilities;

"3. Services are not available where many children live; and,

"4. There are not enough physicians well trained in the medical care and health supervision of children, especially in rural areas."

Obviously, all this was known in general but there was no authoratitive information as to the specific details of the situation, state by state and community by community. Sound action in regard to a problem affecting so gravely so many of the population must be based upon something more than broad generalities.

Late in 1944, when Doctors Warren Sisson and Alan Butler—and later Dr. Joseph Wall—discussed with me the Academy's proposed fact-finding survey, I recognized it as a unique venture. You had no guide posts. To what extent would or could busy practitioners cooperate with the collection of needed information? How could a competent staff be assembled to fulfill this function? How much would the survey cost? Where could the money be found in wartime?

We did not guess then that the cost would exceed one million dollars.

In spite of obstacles, the survey was launched; backed by faith and hope, in an atmosphere permeated by no little charity. Now, nearly five years later, the results have been published. They have just been summarized for you by Dr. Warren Sisson.

The facts reported by Warren Sisson are of importance in themselves. All of them are things we need to know. They represent, however, only the first essential step toward the real objective which is an active program, national in scope, to place all that the health sciences have to offer at the service of every American child. In fact, except as I felt certain from the character and history of pediatricians in this country that the survey would result in appropriate action, I should have been loathe to recommend from tax funds the substantial grants made to assist in your survey and the assignment of professional and technical personnel who were at that time sorely needed by the U.S. Public Health Service for other also urgent and important work.

I did make the recommendations on faith as, I am sure, did the U. S. Children's Bureau and other contributors to the good cause. We felt assured that except that you were prepared to go forward from this point of departure, you would not have been concerned with digging up the ugly facts—that you would not have invested your own valuable professional time and effort or the tax-payers' funds to obtain a result of purely academic interest. Yet we felt sure you were aware that any sound action program would require more wisdom, courage, tenacity and hard work than a hundred surveys, vast as this one is.

I repeat, some of the facts are ugly. In general terms, you and I knew five years ago that they would be. We knew also that on the other side of the coin we would find in certain states and communities really beautiful examples of child health care; the examples demonstrating results possible through a blending of interests as among the medical school, its teaching hospitals, the private practitioners and the health and social agencies—official and voluntary—to provide excellent health care for all children.

There is a crucial question before you of the Academy of Pediatrics who had a great vision, and before those of us who, believing in the vision and in you, have helped to make that vision fact. The question is, are we satisfied merely to be informed in elaborate and costly detail as to the present disparity between what we know and what we do for the health of children in these 48 states?

If you and we are not satisfied, what kind and type of action program is the American Academy of Pediatrics prepared to sponsor which drives toward the provision of better trained general practitioners and pediatricians, toward needed hospital accommodations and the needed child health services?

In July 1947, addressing the Fifth International Congress of Pediatrics in New York City, I described the then current study, now completed. I said, "The money and the time will be justified only if we make practical use of the knowledge we will have gained. The Academy of Pediatrics took upon itself a heavy responsibility in making the survey; for that step inevitably obligated them—as I am sure the Academy

members realize—to take a seocnd and far more difficult step; viz., to use this knowledge to develop a nationwide program of child health services."

As all of us anticipated, any such detailed and elaborate inquiry into the status of child health in this country bumped into the larger problems of health for the whole population. Where will the line of demarcation be drawn, since the health of children, the health of parents and the health of the community all are a part of a total problem?

To my great pleasure, the survey report is appropriately and coldly analytical, packed full of statistically impressive ratios and percentages. One must read between the lines the untold tales of the incompetent medical care, the community indifference, ignorance and complacency which daily result in human suffering and needless deaths. One fact alone will illustrate my meaning—the simple statement that in a nation untouched by bombs, unravaged by famine, not the prey of war-borne epidemics, three babies died for every two soldiers killed in combat during World War II. There are scores of other comparable statements of fact, of equal poignance. With you, of all people, I need not go into this further. You understand fully what they mean.

The report does not exhort you to action. It assumes action. I regard the report as sound because it does not seek to prove pre-determined theses nor to justify any premises upon which past action has been taken. In its present form it will not outsell the Kinsey report.

Because I was present at the conception of this idea I am pleased to be among those present at its delivery. I have no hard-and-fast program to recommend to you but I shall, if I may, venture a few suggestions as to the road ahead.

The Survey findings can be divided into several sectors which indicate the need for action. The report itself is in two parts: (1) Health Services, which includes private practice, hospitals and community health agencies; (2) Pediatric Education, which includes a consideration of medical schools and hospitals approved for pediatric teaching.

Specifically, the findings of the report document the four essential areas of fact which your Committee stated in 1944 as constituting the basic reasons for undertaking the survey. My suggestions are tentative, as I have only very recently received the report. Although I have studied it in detail I see for all of us concerned with it the need for thorough and exhaustive study. I am more interested in stimulating your ideas than I am in propagandizing my own.

There is, for example, extensive evidence to indicate that the health of children is jeopardized by the fact of their parents' inability to pay for essential medical care and health services. The two obvious methods of dealing with this problem are (a) prepayment of the costs of medical care on a voluntary or universal basis; or, (b) tax-supported services; or, (c) a combination of the two. What will be your program for the relief of this situation, which is at the core of the matter? Buttressed as you are by many more facts than are available to any other professional or governmental group, you are in a position to speak with authority—perhaps for the first time in medical history with more authority than anyone has been able to muster.

On the second category set up by your Committee, that "parents are unwilling to use or do not know about available facilities," the problem is not easy but it is less ticklish. Obviously, education is the answer; an educational program in which the medical profession and the community child health agencies should share, with full utilization of the magnificent driving power to be found in many lay groups and lay community leaders. This source of potential strength, unfortunately, is rarely used to advantage except for war mobilizations affecting civilians. I have never believed, however, that the American capacity for teamwork, under good leadership, need be less efficient for peace then for war. In fact—although that is another story—unless we can mobilize for patriotic purposes in peace, we shall be hard put to it to prove that our democracy works. I can think of no more patriotic purpose than your objective to save the lives of our children. Certainly there is none which can be dramatized more vividly yet within the strict limits of scientific accuracy. In this connection, of course, though I am far from being a public relations expert, it would seem advisable to prove what could be done by setting up demonstration areas, selected on a basis of geographic, economic and population factors as well as the status of child health needs. A few years of such a demonstration, soundly organized, shrewdly conducted, might help amazingly to stimulate also the interest of general practitioners in the problem.

The fact that "services are not available where many children live" may look like an insurmountable hurdle from one perspective; yet from another it may quicken the imagination and prick the civic pride of otherwise lethargic communities. It has been made abundantly clear during this last decade that the right to health ranks, in the judgment of citizens, high in the category of inalienable freedoms—that

freedom from premature death and needless disability comes close in the human heart to freedom of speech, of religion, of assembly—and especially for our children.

The eternal pity of it is that so frequently parents do not know when they are deprived of such rights. The tragedies which occur, for all they are told, are inevitable. When they understand that such tragedies are not inevitable; that they are a direct result of too few hospitals, nurses, doctors, community services and inadequacy both of service and facilities, it is not unreasonable to believe that taxpayers might decide such services and facilities come ahead of fine roads and ornate monuments. In view of the keen interest shown by both political parties—originating, you may be sure, in pressure from intelligent constituents—in improving the hospital situation both in the rural communities and those under economic handicaps and in working out some type of assistance to professional education, an improvement in this situation may not be as far away as it seems. As you plan your program of action, you can exert great influence both to insure soundness of operation and acceleration of tempo on sound legislation.

The fact that there are "not enough physicians well trained (not only pediatricians but as general practitioners), especially in rural areas," is something that touches every physician very closely, no matter what his specialty or where he serves. It is something about which each of us could and should do infinitely more and upon which, with a united approach, substantial improvement is possible. If we dislike regimentation—and who does not?—a vigorous and voluntary effort to remedy the situation is the surest way to avert a drastic change in the pattern of medical practice being thrust upon us willy-nilly.

Two, and perhaps even three problems may be implicit in this simple, well-documented statement from your report that there are not enough and not good enough doctors to give our children what they are entitled to in medical care:

(a) There is an admitted overall shortage of doctors in this country;
(b) Physicians are not available geographically in proportion to the needs of children for their services;
(c) Physicians generally are not adequately trained "in the medical care and health supervision of children."

As you of the Academy develop your program of action, I am sure you will keep in mind the vital significance of this sector. For even a solution to the financial problem of prepayment or tax payment will avail but little if medical skill is not available. Campaign promises and proposals for Federal law are merely symptomatic of a deep public concern. I hope you share my belief that our fealty to what we regard as the "American way," as well as our professional pride, carries an obligation to attempt voluntarily to achieve a solution voluntarily and with cool professional judgment rather than be legislated into an untenable position.

For many years I have contended that the function of Government is to do for us what we cannot do or cannot do well of ourselves. There is no doubt in my mind that some Government assistance will be needed in the solution of increased and improved professional education. I feel deeply, however, and find myself in agreement with many medical leaders in all departments of competence, that in this situation it is imperative for the profession to come forward spontaneously with sound, workable, far-reaching plans. I can think of no branch of the profession so well equipped by experience and fact-finding to take the initiative.

Let me revert to the chart which dominates your report: "Planning for Improvement of Child Health." The plan is divided into "Health Services" and "Pediatric Education," with appropriate subdivisions under each broad area of action.

In each state and in its major subdivisions you have factual data regarding the present status, assets, deficiencies and needs for child health. Not stated—and understandably, since each in a different way is a relatively small proportion of the whole—is the present situation in Calvert County, Maryland, where I was born, and Allegheny County, Pennsylvania, where I now live.

I suggest that you consider the advisability of informing each state, its governor, its health officer, its medical society first; thereafter, a carefully selected group of its many professional and non-professional organizations, as to just where that state stands in regard to the health of its children, and why. Since interest and cooperation begin at the point of concrete and measurable contact, I suggest that you consider also, either directly or through your state committees, the notification as to the status of each city, county or other major governmental subdivision. Tell each what is not good about the situation. Ask each what it is prepared to do to improve it.

Knowledge is power in your hands. It will be power in the hands of citizens of good will everywhere

who will be your strongest supporters once they know the facts, yet will hardly be aware unless they are given the facts that all is not for the best in this best of all possible worlds.

From what little experience I have had in the inception of great causes and helping to carry them through to some improvement of an existing situation, the more I am convinced that an attack on the national scale means nothing unless there is carried on simultaneously in each community a practical attack upon measureable obstacles.

After a decent interval to allow close cooperation with the state committees, it might be advisable to follow up with an inquiry as to what is under way to correct deficiencies. Publicize your findings, giving equal emphasis to all constructive action. If nothing is done, ask why. No state or community is too poor to do something. If it cannot do the entire job, this fact will point the need for deserved and appropriate Federal assistance.

Ask for annual reports on states and communities. What you are setting yourselves to accomplish for your profession and for your country is not an overnight job. This meeting here tonight may be the first of many annual meetings at which you appraise progress and set up new goals.

It should be borne in mind that the conditions your survey has revealed probably are not known to more than one parent in ten thousand; to less than one physician in a thousand. Yet the facts you have brought out are everybody's business. The action indicated needs your leadership on a basis of practically universal information.

It occurs to me also that the detailed information you have gathered concerning pediatric education and medical education generally should, of necessity, be made available to the medical schools; to the Dean of the school, the President of the university and the Board of Trustees. Many a dean will welcome the leverage such facts will give him to achieve objectives of which he may not have been aware or about which he may have become discouraged.

To be specific, I have no idea which line of the bar-graphs represents the University of Pittsburgh, or even which quartile identifies our teaching, but I should like to know and I am sure Dean McEllroy would like to know. It would help us to have the Chancellor and the Board of Trustees informed, too.

If your reports from our, and other medical schools, indicate that good pediatric teaching (and general medical teaching and research, as well) cannot, for financial reasons, be made available, then I am sure you will take a realistic approach and give your best advice and counsel to the effort which will supplement the income from university endowments by tax money, state or Federal. If, in rich universities, the fault lies in emphasis, or in a lack of appreciation of how large a part pediatrics plays in a general medical practice, the remedy lies in education.

Your Academy did not wait until all specialty groups in medicine—and physicians generally—decided to discover for themselves the facts of professional life through a general nationwide health survey. You saw a job to be done in your own area of competence and—with substantial help from the Children's Bureau, the Public Health Service plus philanthropic aid—have completed a magnificent study.

With the time for action at hand I am sure you will not wait now until all other specialty groups and physicians generally discover, at long last, that you had a superb idea, and begin to go and do likewise.

In all of life, as I have seen it, one of the first factors in success is timing. There is a time to stand and there is a time to strike. There is a time to feel out the situation and a time to move forward. This is your hour; your time not only to move forward in your own chosen field of battle for America's children, but also to bring forward with you all doctors of good-will and devoted citizens.

Mighty is the weapon of truth. You have spent almost five laborious years in forging it. I have no fear that it will rust through inaction and indifference.

DR. WALL'S INTRODUCTION OF DR. SENSENICH

We are honored tonight in having with us the leader of the organized medical profession in the United States.

For many years, as a member of its Board of Trustees, he has devoted a large part of his time and energy to the interests of the American Medical Association and its constituent members.

It has been our good fortune to have had the privilege of sitting with him in various hearings before congressional committees and other conferences wherein he was called upon to speak in behalf of medicine.

His quiet, forceful and persuasive discourse well reflected the views of our profession as he expounded convincingly the faith of our medical fathers, embodying the principles which have made American medicine the foremost in the world.

The Academy owes much to the approval and support of the A.M.A. in its Study of Child Health Services. Indeed, without such support the survey might have been accorded but lukewarm interest among some of the general practitioners whose aid we sought, for at least in one western State, in which our efforts were threatened with failure, instant support from the national organization brought about the needed cooperation.

We present to you the President of the American Medical Association, Doctor R. L. Sensenich.

GREETINGS AND OBSERVATIONS

by

R. L. SENSENICH, M.D.

It is pleasing to observe that the whole medical profession of the nation has cooperated in this study.

I found the report extremely interesting. The method of obtaining a statistical study of such a variable and complex scientific and social problem from on the grounds observers is realistic.

The use of questionnaires directed to the medical profession of the nation, in the remote rural areas of small population as well as urban centers would seem to give promise of more dependable information than that derived from limited sampling and estimate of national totals.

No doubt there remains some possibility of error in evaluation of the social, educational, sometimes racial and even religious factors entering into the causes of delay in the progress of child care.

Sometimes the pattern is relatively simple. In others there are multiple problems and obviously no single measure will meet the need.

The report of this study faithfully presents this complexity in its regional analysis. Because of the wide variations and to avoid magnification of the medical needs in rural and isolated regions the report points out that statements of condition in the classification of isolated rural areas must be recognized as broad generalizations to which there are exceptions.

It is clearly evident that much of the deficiency in child care is only a part of the total problem of medical care of adults as well as children and the need of general hospitals and laboratory facilities as well as special provisions for children. This need includes general physicians as well as specialists for children. Inadequate public health facilities in very many areas and, still more depressing, the need of health education hangs like a cloud over the whole picture.

Material needs can be met and at least a better distribution of medical personnel can be attained more rapidly than education in health matters can be elevated to satisfactory levels. I know of rural areas of outstanding prosperity where every legitimate need can be met and every comfort is within the reach of the average farmer and where the service of a pediatrician except in the extremely serious case would be considered quite unnecessary. Levels of health are high in those areas as compared with others of less favorable economic status and less readily available medical service.

However, there are marked variations in areas of comparable economic status and similar isolation from medical centers. These variations seem to depend upon the social structure and the varying interests.

Many of these communities could now provide for themselves everything that the most progressive communities have attained. What they need is stimulation of interest in health matters, health education and wise planning in the provision of necessary health facilities.

This must be done in those areas. Assistance in planning and provision of facilities and making trained medical personnel available in the promotion of child health will gain nothing if the community is not interested.

No single remote national project will materially improve the local situation. Well planned and organized efforts at the community level will create the demand for the better service and the necessary facilities and well trained physicians.

A few good local salesmen and the good sense and local pride of the average community will attain the best objectives.

The report of the Study of Child Health Services is most comprehensive and presents much material of interest to the whole profession. The material should be studied along with medical needs outside of the specialty of pediatrics. To attain high levels of health in a community, general medical service must be of satisfactory standard and other special services must also be available. No one specialty can attain the highest standards alone and all the services must be to a certain degree coordinated.

Good medical education also requires a certain degree of balance between the various subdivisions of the educational pattern together with coordination of effort and timing.

A committee having representation from the Council on Medical Education and The Association of Medical Colleges, with other educators is now studying medical education. There will be consideration of educational values and balanced instruction, and the needs of the medical schools in maintaining high levels of educational standards. Public education in health matters and planned efforts in the local communities to maintain high health standards are of interest to the whole profession, although the actual contact must depend upon the State Medical Association and local physicians.

The American Academy of Pediatrics is to be congratulated for this comprehensive study. We are indebted to the agencies who contributed to their effort. We appreciate also the cooperation of the medical profession of the nation in providing the information upon which the study is based. The American Medical Association will continue its efforts with the Academy to maintain the best possible medical services for all the children.

At the American College of Physicians Dinner, David E. Lilienthal of the Atomic Energy Commission spoke on "The Brighter Side of the Atom." He expressed great confidence in "the men and women in the neighborhoods of America."

Mr. Lilienthal said, "In the years of stress and strain that lie ahead for us all, the men and women upon whose general good sense we can rely will be more important to our safety and freedom than all our public men, and all our military forces, and all our atomic bombs put together." He urged the doctors to keep contact with the public.

Possibly we might informally add another chapter to this report and discuss further the brighter side of this atom that grows to a weight of seven pounds in nine months and projects itself usually head first into our social structure.

This bit of humanity is loaded with all the explosive possibilities of a bomb plus the interest and enthusiasm that may culminate in a national leader. Like the atomic energy discussed by Mr. Lilienthal we are interested in this bomb. His chances to grow beyond the age of 15 and out of the area described in the Pediatric study are growing greater day by day. He may want to be a pediatrician. We will want him also to be free.

Let's get his parents and home town friends working for him and for other children and for better community health. We can help them to correct many of the deficiencies found in this comprehensive study of Child Health Services.

DR. WALL'S INTRODUCTION OF WINTHROP ROCKEFELLER

So far you have listened only to doctors. We now present to you our lay guest speaker, who, however, is not unfamiliar with medical lore and practice.

He is a scion of a notable family whose benefactions to humanity are known and felt in the lives of peoples throughout the entire world. It is worthy of note that these benevolences to those in need were in many, many instances bestowed through the modality of the medical profession.

Upon graduating from college our guest entered into the business in which his family had been so long engaged, working literally from the ground up, for he labored as an oil-field hand with the Humble Oil Company in Texas.

Mr. Rockefeller enlisted in the Army in January, 1941, and a year later entered the Officer's Candidate School. After he was commissioned, he went overseas in 1943 where he fought with the 77th Division in the invasions of Guam, Leyte and Okinawa, being wounded off Okinawa in April, 1945. He returned to the United States in September, 1945, for a period of hospitalization. He was separated from the service with the rank of Lieutenant Colonel, being awarded the Bronze Star with Oak Leaf Cluster, the Purple Heart, American Defense, American Theatre, Asiatic Pacific Theatre, Victory and Philippine Liberation decorations.

He is at present Chairman of the Board of Trustees of the New York University-Bellevue Medical Center, the latter the largest hospital (over 3000 beds) and the oldest in the United States—having been founded in 1736.

We take pleasure in introducing to you Mr. Winthrop Rockefeller.

THE LAYMAN'S STAKE IN PLANNING FOR BETTER HEALTH

by

WINTRHOP ROCKEFELLER

In the letter of invitation, the belief was expressed that I have the honor to be the first layman to be invited to address the American Academy of Pediatrics. Although I am not at all certain that I can fill the bill for such an important and significant assignment, nevertheless, I am more than happy to be here, for several reasons.

In my new capacity as chairman of the Board of Trustees of a large and forward looking medical center, I am undergoing an intensive and entirely fascinating education in medical affairs. The more I work at it, the more I realize the incompleteness of my understanding of this field. I entertain no hope of ever mastering the entire complex interrelationships of public health, but I am well convinced that no other field could offer greater challenge to an individual who wishes to make a contribution—however small—to the wellbeing of his community.

I am glad to be here also as a representative of those lay citizens with whom the doctors must work in partnership to achieve the goals which they have described for us. In this I am especially grateful for the heritage which is mine, through the training which I received from both my grandfather and my father, as a result of the considerable time and effort which they each spent in working for better public health.

At this particular time, moreover, I am especially glad of the opportunity to speak out publicly in behalf of such an enlightened and socially useful program as that which is being sponsored by the American Academy of Pediatrics. We hear organized medicine much pilloried these days; so loud at times does the din become that one gets the impression the public has lost sight of the tremendous victories of recent years in the fight against disease.

From reading in the daily press the reports of the claims and counter claims of the advocates of differing philosophies of medical economics, one might be led to forget that the health of the people of this nation is today better than it has ever been—and this could only have come about through the constantly improving quality of our nation's medical services.

Only the other day, in scanning through that informative index of the state of the nation's health—The Statistical Bulletin of the Metropolitan Life Insurance Company—I was impressed to read of the recent gains that have been made in the conquest of the common diseases of childhood—such as measles, scarlet fever, whooping cough, and so on. Although these diseases have long since lost most of their

sting, recent new advances in the techniques of treating them have reduced the mortality rate from them by 80 per cent in the last four years.

In our desire to improve our present deficiencies, we are sometimes led to present an unbalanced picture. That such gains in child health are being made each day of the week and each month in the year, is to the overlasting credit of you, the medical profession, and I, as a layman, am glad of this opportunity to say so publicly.

I was struck by several points in the report which your committee has made concerning the way in which the Academy has gone about its task of charting a future course. I was impressed by the breadth of statement of your objective—"to make this country an ideal place for children to grow into responsible citizens." This, again, is an example of the way in which the Academy has kept the overall picture in mind—and is, to may way of thinking, a touchstone of the way in which the merit of its proposals may be judged.

I noted with interest the emphasis which your report places on the community aspects of the child health problem, and the thoroughness with which the available community services have been surveyed. If I could draw again upon my own experience, it would be my considered judgment that your proposals will, in the last analysis, stand or fall by the community support which you are able to arouse for them.

For this reason I was glad to observe the survey committee's willingness to work with—and to give proper credit to—the qualified governmental agencies, namely, the U. S. Public Health Service and the U. S. Children's Bureau. Too often, there is a gap and improper liaison between all of the various specialized agencies—be they private or public—and in turn between them and the public.

In these remarks I have been putting the spotlight on certain segments of the community whole. In so doing, I have not meant to underestimate the importance of the others. It seems appropriate that I might remind you, as I do frequently myself, of the names of some of the others on the team. We have mentioned the layman, the physician, and certain of the Federal agencies. There are also the voluntary health and welfare organizations, the State, County and local agencies; the businessman, the industrialist, the labor leader, and the teacher, and no doubt you can suggest more.

To accomplish any appreciable part of the enormous task involved in such a program as you envision will necessitate a still greater perfection of the team work which you have so admirably begun.

Although, as a representative of the lay public, I cannot presume to pass on the detailed technical aspects of your proposals, I have a desire to be informed concerning them and to explore the implications which they may have in those areas in which I am somewhat better qualified. I have, for example, been most interested to note that a number of your specific recommendations have been strikingly parallel to the program which we are already putting into operation at the New York University-Bellevue Medical Center.

Your report has noted, for example, the need for the affiliation between University medical centers and smaller hospitals in outlying regions; and Dr. Sisson has mentioned the affiliation which the medical faculty of New York University has extended to the proposed rural medical center in Hunterdon County, New Jersey. This is a part of the Medical Center's Regional Hospital Plan, which has been in operation now for nearly two years. There are right now some 10 smaller and non-teaching hospitals in outlying regions taking advantage of our Regional Plan to send their younger staff members to the Center to extend their professional training. I am told by those in charge of the Regional Hospital Plan, that two of the young residents now participating in the Plan, are utilizing this opportunity to extend their training in pediatrics. So you see, in some respects, your recommendations are already in operation.

The Regional Plan is financed by the Kellogg Foundation but, like most such foundation grants, it is necessarily of a limited duration. We are hopeful that, as the participating hospitals become convinced of its value to them and their staffs, they will be prepared to shoulder their own costs which are relatively small. This you see is more evidence of the need for community understanding and support.

In addition to bringing young physicians to the Medical Center for training, our Regional Plan provides visits on the part of the University faculty to the outlying member hospitals for participation in staff conferences, seminars and clinics. We feel convinced that the Regional Plan is doing a real job in expanding opportunities for younger doctors to continue their professional training during the critical first five years of practice. And there is evidence that the Plan is popular with the hospitals in the fact that, since its inception, we have had requests from some fifty other institutions which would like to be included in the Regional Plan.

I cite the Regional Plan at our Center because it is the one with which I am familiar; but I under-

stand there are others already in operation—such as the one in New England which Dr. Sisson has already cited—and that others may shortly be in operation.

Through such an extension of the best in university medical teaching, there is offered an effective channel for the communication to the smaller communities of the new advances in clinical practice, thus contributing perhaps indirectly, but nonetheless effectively, to an improved practice of medicine in these areas. Through this plan, the overall picture is served, for it is certainly fair to point out that just as no community would be well served medically without adequate specialized pediatric service, so it is equally true that no proper pediatric service could be contemplated which did not have available to it the full and integrated program of medical training, research and care such as is offered best at the university centers. This, in fact, as I see it, is the nub of the recommendations of your committee's report. As Dr. Hibson expressed it to me in a letter a few days ago,

> "We have almost come to believe what the correspondents tell us; namely, that improvement of medical education and better distribution of medical services through university medical center—rural hospital affiliation, are essential first steps before any overall health program, public or private, can be effective—and this may well prove to be the common denominator of the nation's health problems."

Since your proposals and our project at the Medical Center have so much in common, may I offer a few words of advice to you as you start on the manifold tasks of implementing your program.

My first word would be: Don't let the size of it scare you! You have presented the nation with an inspiring picture of what can be done to improve the quality of the medical care of its children. The bigness of your program and the sincerity of your purpose can be your greatest asset.

In the accomplishment of your purpose you will need many friends, but every day will bring you new converts and new help. I would also like to urge you to keep in mind what I touched on earlier in my remarks, and this indeed is the crux of whatever suggestions I can offer you: *The success of your project will be in direct relation to the extent to which you are able to obtain active, enlightened community support. Medical education in this country suffers because, until recently, there has not been a lay public informed and ready to work for its needs.*

Industry as a whole is rapidly awakening to the fact that good health is not only important to them from the point of view of selfish enlightenment, but that it is also their responsibility as a member of the community team. Through the years industry has contributed enormously to our progress and comfort through vast research projects and bold development programs. It is quite understandable that with their attention being so concentrated on these problems they have been willing to accept the philosophy, now rapidly becoming outmoded, that health is a problem strictly of the individual. However, industry does not have to think twice to realize the effects on the economics of a community that has a low health standard. This in itself is a powerful stimulation to the present trend towards increased industrial and business interest in the overall problem of public health. A more specific influence on their thinking may come from an analysis of the direct cost of (a) absenteeism, and (b) the lower efficiency of a working force whose health is anything less than perfect. Business and industry first expressed its concern by the employment of an ever-increasing number of industrial nurses and doctors. Business and industry are equally shocked with you and me over inadequacies of medical services. In the past, when industry has been short of technicians, they quickly found out how to rectify the situation by making grants to the appropriate schools for research and training, which, as the president of one large company recently put it, has been the "fountainhead of industrial progress." This same know-how is reflected in the support we are getting currently to the New York University-Bellevue Medical Center and leads me to believe that many, if not all, are ready to do their part in helping us correct this situation in the medical field.

I was greatly heartened the other day, as I think you would have been, to be on the same platform with another of our leading American industrialists and to hear him tell of his self-education in the matter of the wellbeing of his own business organization as it is inextricably related to the health of its community and the health of its employees, and these each in turn inevitably linked to medical education.

It was Mr. William B. Given, Jr., president of the American Brake Shoe Company, who spoke in this vein and I am going to take the liberty of quoting a few words from his speech because they could not be more appropriate to this occasion. I quote:

> "Each year there is a greater flow of corporate funds to engineering and technical schools. . . . Medical education likewise needs corporate support. Medical schools cannot survive without adequate funds. We must go to our Boards of Directors, even stockholders if necessary, and supple-

ment medical school funds with company money. In making such recommendations we can say that there will be less security for stockholders in business investment unless there are available an adequate number of properly trained men and women from our Medical Schools."

Those are the sentiments of an enlightened business man speaking from a conviction born of hard-headed realism. He is representative, I am confident, of a large and growing group of intelligent citizens who stand ready to join with you, of the medical profession, in working towards the great purposes which you have marked out.

With realism, with perseverance and with faith in these ideals, we can have confidence that a sound and truly American way will be found to serve the health needs of the nation and of its children.